



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

## BIB DATA SHEET

CONFIRMATION NO. 4355

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/827,266		600	3737	5074I-000005/US/01

**APPLICANTS**

James G. Skakoon, St. Paul, MN;  
 Thomas I. Miller, Palm Bay, FL;  
 Matthew S. Solar, Indialantic, FL;  
 Gerald W. Mills, Palm Bay, FL;  
 Charles L. Truwit, Wayzata, MN;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/195,663 04/07/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***  
 05/10/2001

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/AMANDA L. LAURITZEN/ Examiner's Signature	Initials	MN	9	32	5

**ADDRESS**

HARNESS, DICKEY & PIERCE, P.L.C.  
 P.O. BOX 828  
 BLOOMFIELD HILLS, MI 48303  
 UNITED STATES

**TITLE**

Medical device introducer

<b>FILING FEE RECEIVED</b> 968	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit